

PATENT NUMBER

<p><b>K3</b> <b>O.I.P.E.</b></p> <p><b>SCANNED</b> <b>10/3/73</b> <b>O.A.</b></p>	<p><b>PATENT DATE</b></p>
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<input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>	<b>DRAWINGS</b>			<b>CLAIMS ALLOWED</b>	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
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	_____ (Primary Examiner) (Date)			<b>ISSUE FEE</b>	
	_____ (Legal Instruments Examiner) (Date)			Amount Due	Date Paid
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